

ONE FORM PER SYSTEM

Updated: 11/29/2001 Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason; Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

	YSTEM ID NO. '4371 6	2. SYSTEM NAME ROSEDALE HE	IGHTS TRA	\ILE	ER I	PΑ	RK	1,1535	(65) PH		3. c 기E	BINGS 1998				100		38 ⁵		Little sed pil	4. GRO	UP HE	5. T Co	mn	
6. P	B	CT NAME & MAILING ADD Ch BOB BLACKMAN [M/ PO BOX 44427 TACOMA, WA 98448	i <mark>NAGER</mark>] NAGER]	fic	er	1000			7.	RAI BO PO	NIE B Bl BO	R V LAC X 4	& MA TIEW CKMA 4427 WA	W <i>A</i>	ΛTE			Total		•		umber 00			
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11.	Not app	NAGEMENT AGENCY - SN plicable (Skip to #12) I and Managed ed Only												1000		SMA Nu	mber:								
	Agricultural Commercial / Bus Day Care Food Service/Foo)		l Inc Lic Lo	dging	al d Re	nic esiden		cility						□s □т	•	ol orar	y Farm V	Vorker station, e	etc.):			1.47 M
	WATER SYSTE Association City / Town	M OWNERSHIP (mark only Cou	nty	e S	12 12	X	[Inve		r r	PILL S			□ Spe		Dist	rict	SH			14. STC		25,000		ns)	
15	LIST UTIL	16 SOURCE NAME ITY'S NAME FOR SOURCE	17 INTERTIE		S	OUR		ATE(GORY			us US	SECTION DE	2 0	T	REA	!1 TMEI	VT		22 DEPTH	23 Sp	SOUR	24 CE LC	CATI	ON
Source Number	Exam IF SOURCE IS LIS Ex	VELL TAG ID NUMBER. ple: Well #1 xyz456 Purchased or intertied, It seller's name Kampie: Seattle	INTERTIE SYSTEM ID NUMBER	WELL:	WELL FIELD WEIT IN A WEIT FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	RANNEY / INF. GALLERY	_	PERMANENI			CHI OBINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
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S03 S04	WELL #1 WELL #2				X		H				_	X X)	_					107	40	NW SW	_	-	01E

1. SYSTEM ID NO. 74371 6	2. SYSTEM NAME ROSEDALE HEIGHTS TRAIL	ER PAF	₹K			COUNTY ERCE				4	group A	5 . т	illian in the
							16 - San Si 29 - 118 - S 22 - San San Sa 2 - San San Sa	ACTIVE SEI CONNECT	IONS	DOH USE CALCUL ACTIVE CON	ATED	DOH USE APPRO	Selection and a selection of the selecti
25. SINGLE FAMILY	RESIDENCES (How many of the foll	owing do	you hav	/e?)	in a company	nie de la	11111111	0		13		14	5
•	Residences (Occupied 180 days or more per year)							1,28	148			***	
	Residences (Occupied <i>less than</i> 180 days per year			Central Salates (1.55)				0					
	RESIDENTIAL BUILDINGS (How man	y of the f	ollowing	do you h	iave?)			anin aurija					
	dos, duplexes, barracks, dorms ts in the Apartments, Condos, Duplexes, Dorms th	at are escur	aind more th	an 190 days	voor.			0					
	its in the Apartments, Condos, Duplexes, Dorms th			 				0					
	AL CONNECTIONS (How many of th							The state of the s					
	l/or Transient Accommodations (Campsites, RV si							0		0		- C	
B. Institutional, Commercial/	Business, School, Day Care, Industrial Services, e	tc.						0		0		C	
	1 Li	28.	TOTAL	SERVICE	CONNE	CTIONS	13,1811	17786	1.09	13	8	14	5
OO FULL THAT DEC	UDENTIAL BODULATION				12.115	dispersion of							10.55
	SIDENTIAL POPULATION So are served by this system 180 or <i>more</i> day			managan ar		- 100	Dan .						
A. How many residents	are served by this system 100 of more day	370											
30. PART-TIME RES	SIDENTIAL POPULATION	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC					
A. How many part-time	residents are present each month?						-						
B. How many days per	month are they present?							-					
31. TEMPORARY &	TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	ors, attendees, travelers, campers, s have access to the water system												
	month is water accessible to the			:			,						
32. REGULAR NON	-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
A. If you have schools, to your water system children and/or emplo	daycares, or businesses connected , how many students daycare oyees are present each month?											,	
B. How many days per	month are they present?												
33. ROUTINE COL	IFORM SCHEDULE	JAN 1	FEB	MAR	APR	MAY _[1]	JUN 1	JUL 1	AUG 1	SEP	OCT &	NOV 1	DEC 1
36. I certify that the SIGNATURE:	bmitting WFI: ge □ Update - No Change □ I he information stated on this WF					my know	/ledge. TE:	∐ New S	System	ı □ Oth	er		
PRINT NAME:						TIT	`LE:						

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



ONE FORM PER SYSTEM

Updated: 11/28/2006 Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Other RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032 5. TYPE 3. COUNTY 4. GROUP 1. SYSTEM ID NO. 2. SYSTEM NAME Α Comm PIERCE 19601 W **RYANWOOD** 7. OWNER NAME & MAILING ADDRESS 8. Owner Number 000212 6. PRIMARY CONTACT NAME & MAILING ADDRESS chief opsofficer BOB BLACKMAN [OPERATIONS MANAGER] RAINIER VIEW WATER CO PO BOX 44427 TITLE: OWNER CONTACT **BOB BLACKMAN** TACOMA, WA 98448-0427 PO BOX 44427 **TACOMA. WA 98448** STREET ADDRESS IF DIFFERENT FROM ABOVE STREET ADDRESS IF DIFFERENT FROM ABOVE **ATTN** ADDRESS 5410 189TH ST E **ADDRESS** ZIP CITY STATE WA ZIP 98375 STATE CITY **PUYALLUP** 10. OWNER CONTACT INFORMATION 9. 24 HOUR PRIMARY CONTACT INFORMATION **Primary Contact Daytime Phone:** Owner Daytime Phone: (253) 537-6634 (253) 537-6634 x1213 Primary Contact Mobile/Cell Phone: Owner Mobile/Cell Phone: Owner Evening Phone: (253) 537-6634 **Primary Contact Evening Phone:** (253) 537-6634 E-mail: irene@ranierviewwater.com E-mail: bob@rainierviewwater.com Fax: (253) 537-7896 Fax: (253) 537-7896 WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) SMA Number: Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Residential ☐ Hospital/Clinic ☐ Agricultural ☐ Industrial School ☐Commercial / Business ☐Temporary Farm Worker ☐ Licensed Residential Facility ☐Day Care Other (church, fire station, etc.): ☐ Lodging ☐Food Service/Food Permit ☐ Recreational / RV Park □1,000 or more person event for 2 or more days per year 14. STORAGE CAPACITY (gallons) 13. WATER SYSTEM OWNERSHIP (mark only one) Investor ☐ Special District ☐ Association ☐ County 7,000 ☐ Private □ State ☐ Federal □City / Town 23 24 18 19 2 21 15 16 17 SOURCE LOCATION TREATMENT DEPTH INTERTIE SOURCE CATEGORY USE 0 SOURCE NAME LIST UTILITY'S NAME FOR SOURCE DEPTH TO FIRST OPEN CAPACITY (GALLONS AND WELL TAG ID NUMBER. SPRING IN SPRINGFIELD INTERVAL IN FEET WELL IN A WELL FIELD GALLER PER MINUTE) Number Example: WELL #1 XYZ456 INTERTIE SECTION NUMBER SURFACE WATER RRADIATION (UV 1/4 SECTION SYSTEM PRING FIELD SANNEY / INF. Source SOURCE MET SEA WATER IF SOURCE IS PURCHASED OR INTERTIED. **FOWNSHIP** IN LIST SELLER'S NAME NUMBER Example: SEATTLE SE NW 36 18N 03E 95 120 WELL #1 ABE944

A. How many part-time residents are present each month? B. How many days per month are they present? 31. TEMPORARY & TRANSIENT USERS A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month? B. How many days per month is water accessible to the public? 32. REGULAR NON-RESIDENTIAL USERS A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month? B. How many days per month are they present? 33. ROUTINE COLIFORM SCHEDULE JAN FEB MAR APR MAY JUN JUL AND JUL	4. GROUP 5. TYPE A Comm
A. Full Time Single Family Residences (Occupied 180 days or more per year) D. Part Time Single Family Residences (Occupied 486 than 180 days per year) O. 26. MULTH-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?) A. Apartment Buildings, condos, duplexes, barracks, dorms D. E. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied fees than 180 days/year O. C. Part Time Residential Units in the Apartments, Condos, Duplexes,	The state of the s
8. Part Time Single Family Residences (Occupied less than 180 days per year) 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?) A. Apartment Buildings, condos, duplexes, barracks, dorms 0. B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year 0. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year 0. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year 1. C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year 27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?) A. Recreational Services and/or Transient Accommodations (Campaties, RV sites, hotel/motel/overright units) 0. C. Part Time Residential Connections (Campaties, RV sites, hotel/motel/overright units) 1. C. Recreational Services and/or Transient Accommodations (Campaties, RV sites, hotel/motel/overright units) 1. C. Recreational Services and/or Transient Accommodations (Campaties, RV sites, hotel/motel/overright units) 1. C. Recreational Services and/or Transient Accommodations (Campaties, RV sites, hotel/motel/overright units) 1. C. Recreational Services and/or Transient Accommodations (Campaties, RV sites, hotel/motel/overright units) 1. C. Recreational Services and/or Transient Accommodations (Campaties, RV sites, hotel/motel/overright units) 1. C. Recreational Services and/or Transient Accommodations (Campaties, RV sites, hotel/motel/overright units) 1. C. Recreational Services and/or Transient Accommodations (Campaties, RV sites, hotel/motel/overright units) 1. C. Recreational Services and/or Transient Accommodations (Campaties, RV sites, hotel/motel/overright units) 1. C. Recreational Services and/or Transient Accommodations (Campaties, RV sites, hotel/motel/overright units) 1. C. Recreational Services and/or Transient Accommodations (Camp	22 22
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33. ROUTINE COLIFORM SCHEDULE JAN FEB MAR APR MAY JUN JUL AI	
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35. Reason for Submitting WFI: Update - Change Update - No Change Inactivate Re-Activate Name Change New Syst 36. I certify that the information stated on this WFI form is correct to the best of my knowledge. SIGNATURE: PRINT NAME: TITLE:	tem □ Other

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



ONE FORM PER SYSTEM

Jpdated: 11/28/2006 Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO 77960 C	SHAWS COVE			21 (19)					SS \$550000		UNT	20000000000	jak ^{ili}						31 31 31 31 31 31 31 31 31 31 31 31 31 3	4. GRO	OUP		. TY om		
6. PRIMARY CON	TACT NAME & MAILING ADDR			arriir	alle de la companya d			7. ov	VNER	R NA	ME 8	. MA	LINC	3 AC	DRI	ESS		giři S	8.	Owner N	lumber C	002	12		ul Sir
	BOB BLACKMAN FOPE PO BOX 44427 TACOMA, WA 98448-0		MANA	er KGE	R]			B P	AIN OB O B	BL/ OX	4CK 444	(MA 127	N		RC	Ю			TITL	e: OWI	NER CO	ONT.	AC [°]	Γ	
STREET ADDRES	S IF DIFFERENT FROM ABOVE			inina			A	STRE ATTN								ROI	ΛAI	301	Œ			SPI	1102	ivas svi	
ADDRESS CITY	S	STATE	ZIP				- 1	ADDR CITY	ESS		10 JYA			SI	E				STATE	. WA	ZIP 9	837	5		
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9. 24 HOUR PRIM	IARY CONTACT INFORMATION Daytime Phone: (253) 5	537-6634 x1	213					Owne					пяΓ				537	-66	634	1500	222				
Primary Contact I		+	Owne	er Mo	bile/	Cell	Phon	e:			7			_											
Primary Contact E	Evening Phone: (253) 5	+	Owne	r Eve	ening	g Pho	one:		(25	3) :	37	-66	634											
Fax: (253) 537-	7896 E-mail: bob@rail	I	Fax:	(25	3) 5	37-	789	6	E-	mai	: ir	ene	e@	ranier	viewwa	ater.cor	n								
	WAC 246-290-4	pro	vide	24-h	our	con	tact	info	rma	tior	ı fo	en	ner	gencies	.										
Not Owr Mar Owr Owr 12. WATER SYS	MANAGEMENT AGENCY - SMA applicable (Skip to #12) ned and Managed naged Only ned Only TEM CHARACTERISTICS (mark	SMA NAMI	-			pital/C	linic										esid		al	SMA Nu	mber:				
□Commercial / I □Day Care □Food Service/I □1,000 or more		per year			Lodg	nsed F				ity					[orar	y Farm \ urch, fire	Worker station,	etc.):				
13. WATER SYS	TEM OWNERSHIP (mark only o	ne)			i de la la			ualli	4.5	i de la composición dela composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela c					ji d	2.00			14. sto	ORAGE (CAPACIT	Y (gal	lons) III	特別
□Association □City / Town	☐ Count☐ Feder	•				Inves Privat] _{Spe}] _{Stat}		Distri	ct						34,000				
15	16 SOURCE NAME	17 INTERTIE		S	OURC	18 E CAT	EGOR	Υ			19 USE	2	41 53331	ŢF	2 REAT		IT.	Lilly,	22 DEPTH	23	SOL	2 IRCE I	4 LOC <i>A</i>	TION	
AN Ex	TILITY'S NAME FOR SOURCE D WELL TAG ID NUMBER, ample: WELL #1 XYZ456 E IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	VELL FIELD		SPRING IN SPRINGFIELD			OTHER OTHER	VENT		EMERGENCY SOLIDCE METERSON	NONE MELITARED	CHLORINATION	FILTRATION	NO	ATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION		SECTION NUMBER		RANGE
S01 WELL #1 &			X	/ l	1 1	1	1			Х		ΙY	'ΙΧ	1		l			88	60	NW N	F 12	8 2	1N I (01E
000 MELL #4 A		+	_	+	_	\dashv		-	_	Г				96		-		_	_	11⊏					
\$02 WELL #1 A/ \$03 WELL #2 A/	\B137			X						X		Y	_						96 88	40 25	NW N	E 2	28 2 28 2	1N	

1. SYSTEM ID NO. 77960 C	2. SYSTEM NAME SHAWS COVE				2000 to 2000 to 100 to 2000 to	. COUNTY ERCE	ingering Bassaire		Pagara Kalibera	4.	GROUP A	Hara Ti	rype mm
								ACTIVE SE CONNECT	\$91141101010000	DOH US	LATED		E ONLY! OVED
25. SINGLE FAMILY	RESIDENCES (How many of the fol	lowing d	o you ha	ve?)	liuman Iluman	12.55		0	1116	ACTIVE COI	200000000000000000000000000000000000000		.8
	Residences (Occupied 180 days or <i>more</i> per year)							55			1856223	A Constitution	5
As Francisco	Residences (Occupied <i>less than</i> 180 days per yea	·						0					
	RESIDENTIAL BUILDINGS (How man dos, duplexes, barracks, dorms	y of the	following	do you	nave?)	Considera		Politica angle Makagan	HIII VALLEY				
	ts in the Apartments, Condos, Duplexes, Dorms th	at are occur	oied more th	an 180 days	lypar			0					
	its in the Apartments, Condos, Duplexes, Dorms th							0					
	AL CONNECTIONS (How many of th						li bishilikinin	line is					
	/or Transient Accommodations (Campsites, RV s							0		C	i en en	()
B. Institutional, Commercial/	Business, School, Day Care, Industrial Services,	etc.						0		0)
		28.	TOTAL	SERVICE	CONNE	CTIONS		20-50H-115	1415. 1110.	Maria 5	<u>;</u>	4	8
29. FULL-TIME RES	IDENTIAL POPULATION		The same	Harry Company	Heritage .								
A. How many residents	are served by this system 180 or <i>more</i> da	***************************************											
30. PART-TIME RES	SIDENTIAL POPULATION	SEP	OCT	NOV	DEC								
A. How many part-time	residents are present each month?												
B. How many days per	month are they present?												
31. TEMPORARY &	TRANSIENT USERS	JAN	FEB	MAR	APR	H MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	ors, attendees, travelers, campers, s have access to the water system												
B. How many days per public?	month is water accessible to the												
32. REGULAR NON	-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, of to your water system children and/or emplo	daycares, or businesses connected , how many students daycare oyees are present each month?												: :
B. How many days per	month are they present?												
33. ROUTINE COL	FORM SCHEDULE	JAN 1	FEB	MAR 1	APR	MAY 1	JUN 1	JUL (AUG 1	SEP 1	OCT 1	NOV 1	DEC 1
35. Reason for Sub		- 64611 1 1257 16511											
⊔ Update - Chang	e ☐ Update - No Change ☐ □	Inactivat	te LJF	ke-Activ	ate 📙 l	Name Ch	ange	∐ New S	System	☐ Othe	er		
36. I certify that the SIGNATURE:	ne information stated on this WF	I form is	correc	t to the I	pest of i	my know							
PRINT NAME:						TIT							

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



ONE FORM PER SYSTEM

Updated: 06/29/2001 Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

	YSTEM ID NO. 5707 W	2. SYSTEM NAM SOUTHCR) gri	X16:170				<u> </u>	21,963 21,963	6536353		UNT	(041) 4253			M3757			in a	100		4. 0	ROL A	JP		TYPE	2 5 5 5 5 5 5 5 5
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Prim	ary Contact Eve		0,	wner	Eve	ning	Pho	one:	:		(2	53) 5:	37-(663	34													
Fax:	(253) 537-78		Fa	x: (253	3) 5	37-	789	96	Τ	E-m	ail:	ire	ne(@ra	anier	view	wat	er.com										
		orovi	de 2	4-h	our	con	taci	t inf	orn	nati	on	for	eme	erge	encie	3.													
	Not ap Owned Manag Owned		2)	SMA NAME	:	\$100 E										E 17	352-3	1.20		liki)				SMA	Num	ber:			
	Agricultural Commercial / Bus Day Care Food Service/Foo			en e	9		Ind Lice Loc	dging	al d Re	ic sider			ty]Sch]Ter	npor	rary		Worke statio		c.):			
13.	WATER SYSTE	M OWNERSHIP (m	ark only on	e)		a hete		, ili i	4			u ii				alii						14	1. st	ORAG	E CA	PACITY	(gallo	ns)	
	Association City / Town		☐ County ☐ Federal					Inve Priv		•] Sp] Sta	ecia ate	l Dis	strict							3	5,900			
15		16 SOURCE NAME		17 INTERTIE		S	OUR	18 CE C/		ORY	Mili			19 JSE		2		TRE	21 ATN			l c	22 EPTH	23		SOUF	24 CE LC	2000	NC
Source Number	LIST UTIL AND W Exam IF SOURCE IS LIS	ITY'S NAME FOR SOL VELL TAG ID NUMBEF ple: WELL #1 XYZ456 PURCHASED OR INT ST SELLER'S NAME kample: SEATTLE		INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD WELL IN A WELL FIELD			PRINGFIELD	SEA WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT TO THE TOTAL			SE METERED		NO			IRRADIATION (UV)	TO EIDET OBEN		CAPACITY (GALLONS		1/4, 1/4 SECTION	SECTION NUMBER		RANGE
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S01		sailpie: OEATILE					S	ds S	SP	₩ <u>.</u>	3 2	ТО		SS .			_	<u></u>				_	137	38	3		-	_	
									\exists						1	\perp	1	1	1	\perp	1	I							

1. SYSTEM ID NO. 25707 W	2. SYSTEM NAME SOUTHCREEK #1				Terror comment	COUNTY			Elikeri), La soni si	4.	group A	The contract of	YPE mm
								ACTIVE SEI CONNECT		DOH USE CALCUI ACTIVE CON	ATED	DOH US APPR	
25. SINGLE FAMILY	RESIDENCES (How many of the foll	owing do	you hav	re?)	e (alama)	line communi		0		29		Unapp	roved
	Residences (Occupied 180 days or more per year)	-	-	•				29					
B. Part Time Single Family I	Residences (Occupied less than 180 days per yea	r)						0					
26. MULTI-FAMILY F	RESIDENTIAL BUILDINGS (How man	y of the f	ollowing	do you l	nave?)	PH-H-030	11000	guestion.	Radio de la				
A. Apartment Buildings, con-	dos, duplexes, barracks, dorms							0					
B. Full Time Residential Uni	ts in the Apartments, Condos, Duplexes, Dorms th	at are occup	ied more tha	<i>an</i> 180 days/	уеаг			0					
C. Part Time Residential Un	its in the Apartments, Condos, Duplexes, Dorms th	nat are occu	oied less tha	n 180 days/y	rear			0					
27. NON-RESIDENTI	AL CONNECTIONS (How many of th	e followi	ng do yo	u have?)	dan	. Wales in the same							
A. Recreational Services and	l/or Transient Accommodations (Campsites, RV si	tes, hotel/mo	otel/overnigh	t units)				0		0	P15 - 4411		
B. Institutional, Commercial/	Business, School, Day Care, Industrial Services, 6	etc.						0		0			
	24	28.	TOTALS	SERVICE	CONNE	CTIONS	Mary 19		id dila	29), ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Santa Santa	E
29 FULL-TIME RES	IDENTIAL POPULATION	e6-2150a		l este est	in in the least	den er et		ana ang ang	i sin hilan				
	s are served by this system 180 or more da				entarile.								
		and passes of the	map nagranoma			Basic							
30. PART-TIME RES	SIDENTIAL POPULATION	AUG	SEP	OCT	NOV	DEC							
A. How many part-time	residents are present each month?												
B. How many days per	month are they present?												
31. TEMPORARY &	TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visite	ors, attendees, travelers, campers, s have access to the water system												
	month is water accessible to the												
32 PECILI AP NON	-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
A If you have schools	daycares, or businesses connected , how many students daycare oyees are present each month?								in alexa	iti a particular		a Maria	
B. How many days per	month are they present?												
33. ROUTINE COL	IFORM SCHEDULE	JAN 1	FEB 1	MAR 1	APR 1	MAY 1	JUN 1	JUL 1	AUG 1	SEP	OCT 1	NOV 1	DEC 1
35. Reason for Sul ☐ Update - Chang	omitting WFI: Je □ Update - No Change □	nactiva	te □F	Re-Activ	ate □ l	Name Ch	ange	□ New S	System	n □ Otho	er_		
36. I certify that the SIGNATURE:	he information stated on this WF	I form is	s correc	t to the I	best of i	•	_						
PRINT NAME:						TIT	LE:						

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 1 Updated: 06/11/2009

ONE FORM PER SYSTEM

Printed: 08/26/2009

3,506,000

WFI Printed For: On-Demand Submission Reason: Source Update

RETURN TO: Northwest Regional Office, 20435 72	nd Ave S STE 200, Kent, WA, 98032
1. SYSTEM ID NO. 82844 H SOUTHWOOD WATER SYSTEM	3. COUNTY 4. GROUP 5. TYPE PIERCE A Comm
6. PRIMARY CONTACT NAME & MAILING ADDRESS	7. OWNER NAME & MAILING ADDRESS 8. Owner Number 000212
Chief Ops Office BOB BLACKMAN [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	RAINIER VIEW WATER CO BOB BLACKMAN TITLE: OWNER CONTACT PO BOX 44427 TACOMA, WA 98448
STREET ADDRESS IF DIFFERENT FROM ABOVE	STREET ADDRESS IF DIFFERENT FROM ABOVE
ATTN	ATTN
ADDRESS	ADDRESS 5410 189TH ST E
CITY STATE ZIP	CITY PUYALLUP STATE WA ZIP 98375
9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax:(253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com
	ovide 24-hour contact information for emergencies.
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
Not applicable (Skip to #12)	SMA Number
☐ Owned and Managed SMA NAME:	OWN NUMBER.
Owned Only	
12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)	
☐ Agricultural ☐ Hospital/Clinic	Residential
□Commercial / Business □ Industrial	□School
□ Day Care □ Licensed Resi	
☐ Food Service/Food Permit ☐ Lodging ☐ Lodging ☐ Lodging ☐ Recreational /	☐Other (church, fire station, etc.):
13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)

--- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES ---

☐ State

☐ Private

☐ Federal

□City / Town

 1. SYSTEM ID NO.
 2. SYSTEM NAME
 3. COUNTY
 4. GROUP
 5. TYPE

 82844 H
 SOUTHWOOD WATER SYSTEM
 PIERCE
 A
 Comm

			Shreb		Well Street																			por province of the state			
15	16 SOURCE NAME	17 Intertie) 183 [18]		SC	OUR	1 CE C		GOR	Y			19 USE		20		TR	21 EAT		T		22 DEPTH	23	SOURC	24 E LO	CATI	DN
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	A TIEM	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	DERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	отнек	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	dihsnmol	RANGE
\$01	WELL #1		Χ									Х			Υ		Χ				Χ	255	267	SE SW	12	18N	03E
S02	BETHEL RIDGE		Χ	П							Т	Τ	Х				Х					111	100	SW NE	11	18N	03E
S03	WELL #3 ABA960		Χ											Χ		Χ						240	600	SW SE	12	18N	03E
S04	WELL #4 ABA691		Χ									X			Υ		Χ				Χ	50	400	NW SE	12	18N	03E
S05	BEVERLY PK A				Χ							X			Υ		Χ				Χ	85	165	SW SE	03	18N	03E
S06	BEVERLY PK B			Ш	Χ							X			Υ	Ц	Х		\perp		Х	85	350	SW SE	03	18N	03E
S07	SALLY HUBERT		Χ	Ш								X			Υ		Χ				Χ	200	240	NE NE	24	18N	03E
S08	CHURCH OF NAZARENE		Χ	Ш					Ш				L	Χ		Χ		\perp				0	0	NW NE	13	18N	03E
S09	LAURADEL #A & B			Х								X			Υ		Χ	\perp			Χ	85	385	SW NW	24	18N	03E
S10	QUIET VILLAGE 1		Χ	Ш									Х		Υ		Χ		\bot		Χ	108	110	SE SE	23	18N	03E
S11	QUIET VILLAGE 2		Χ							\perp	\perp	\perp	X		Υ		Χ				Χ	123	110	SW SE	23	18N	03E
S12	FIR MEADOWS A,B,C			Χ								Х			Υ		Χ				Χ	60	660	NE SE	06	18N	04E
S13	BARNA 1		Χ										L	Χ		Χ						223	35	SE SW	06	18N	04E
S14	MOREYGLEN A & B			Χ								Χ			Υ		Χ				Χ	80	550	SE SE	01	18N	03E
S15	OAK HILL ESTATES		Χ									Х			Υ		Χ				Χ	116	350	NW SW	06	18N	04E
S16	BEVERLY PK A,B,C			Χ								Х			Υ		Χ				Х	85	515	SW SE	03	18N	03E
S17	THRIFT A				Χ						\perp	X			Υ		Χ					278	250	SE NE	15	18N	04E
S18	COUNTRY PARK 2		Χ					•				Х			Υ		Χ	Χ				234	105	NW NE	14	18N	04E
S19	LAURADEL A				Χ						\perp	X			Υ	Ш	Χ				Х	85	70			00N	1 00E
S20	LAURADEL B			Ш	Χ					\bot	\perp	X			Υ		Χ		\perp		Χ	225	95			00N	1 00E
S21	FIR MEADOWS A			Ш	Χ					\bot	\perp	X			Υ		Χ				Χ	132	275			00N	1 00E
S22	FIR MEADOWS B			Ш	Χ							X	L		Υ		Χ				Χ	100	325			00N	1 00E
S23	MOREYGLEN A			Ш	Χ					┙		X	L		Υ		Χ				Χ	80	335			00N	1 00E
S24	MOREYGLEN B			Ш	Χ					\perp		X			Υ		Χ				Χ	80	165			00N	1 00E
S25	THRIFT A & B			Х								X	<u> </u>	Ш	Υ	Ц	Х	\perp				278	470			00N	
S26	THRIFT B				Χ					\perp	\perp	X			Υ	Ш	Χ	_				278	220			100	1 00E
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S28	Pre-Active 08/24/2004 BEVERLY PARK C				Χ		_		Ш	\perp	\perp	X	L		Υ		Χ	_			Χ	100	600				1 00E
S29	Pre-Active 08/24/2004 SPIRITWOOD		Χ	Ш	\Box					\perp	\bot	_	L	Χ		Х	_	\perp			_	99	0				1 00E
56-48-000-000-000	185TH		Χ	Ц	_	Ц	_		\sqcup	\downarrow	_	X	+	Щ	Υ	Щ	Χ	\dashv	\dashv	_	Х	161	100	NW SE	_		_
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	EMERALD TERRACE		Χ	Ц	_		_	_	\sqcup	\dashv	\perp	X	-	Ц	Υ			Х	4	_		265	75	NW NW	-	-	
****************	WELL 3 Elementary Shining Mtn		Χ	\sqcup	_		_	_	\sqcup	_	\bot	<u> </u>	╀	Ļ	Υ	\vdash	Х	_	_	4	_	447	960	NW SW			_
CONTRACTOR OF STREET	InAct 12/01/2008 PARKLANE WELL #1		Χ	Ц	_		4	_	\dashv	4	+	_	╀	X		Х	\dashv	4	\dashv	_		370	0	NW NW	_		
SANSACTAL CO.	GOLDEN HORSESHOE WELL # 1		Х	\dashv	_	\dashv	4	_	+	4	_	+	╀	Х	H	Х	4	4	-	_		100	30	SW SE			
S43	GOLDEN HORSESHOE WELL #3		Χ	Ш			\sqcup	لـــ						Χ	L	Χ		_1				175	10	SW SE	18	181	1 04E

1. SYSTEM ID NO. 2. SYSTEM NAME	3. COUNTY	4. GROUP 5. TYPE
82844 H SOUTHWOOD WATER SYSTEM	PIERCE	A Comm

15	16 SOURCE NAME	17 INTERTIE			sc	OUR	10 CE C		GOR	Υ				I9 SE	2	0	T	2 REAT		٧T		22 DEPTH	23	SOURC	24 E LO	CATIC) N
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	CE WAT	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	5	SOURCE METERED	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	отнек 🚐	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S44	Tacoma	86800 N												Х	Ì	ΥX							1042	NW NW	32	19N	04E
S45	UNAPPROVED Silver Creek Well AKJ211		Х										ΧŢ		`	Y	Χ					405	0			00N	00E
S46	UNAPPROVED Behm Well # 3 AHL762		Х										Х		Ì	Y	Χ				Х		0			00N	00E

1. SYSTEM ID NO. 2. SYSTEM NAME 82844 H SOUTHWOOD WATER SYST	EM	Appleter (F. 2)		0.0000004201-2.0000000	COUNTY		(1) (2) (1) (1) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	19/250,9253333 	****	BROUP A	5 . т Сог	
							ACTIVE SEF CONNECTI	ONS	DOH USE CALCUL CTIVE CON	ATED	DOH USE APPRO	0.0045380000000000
25. SINGLE FAMILY RESIDENCES (How many of the foll	owing do	you hav	re?)	g Silving	and Pantsen	1313 (1115	0	0.00	1262	25	155	10
A. Full Time Single Family Residences (Occupied 180 days or <i>more</i> per year)	_1				13,	539	12625	5				
 B. Part Time Single Family Residences (Occupied less than 180 days per yea 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How man 		alloudna	do vou h	12V02)		**************************************	0	(5) (6) (6)				
A. Apartment Buildings, condos, duplexes, barracks, dorms	y or the r	onowing	uo you ii	iave ()			0					
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms th	at are occup	ied more tha	n 180 days/	year			0					
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms the	nat are occup	pied less thai	n 180 days/y	ear			0					
27. NON-RESIDENTIAL CONNECTIONS (How many of th			200	and thin		ngirka d	(2003)26331	(Jestern				
A. Recreational Services and/or Transient Accommodations (Campsites, RV si		otel/overnigh	t units)	·			0	i i	0	Sept. 5.17	-0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, 6			VED) #0E	2011/15/	TIONS		249		249		155	i i i i i i i i i i i i i i i i i i i
	28.	TOTAL S	SERVICE	CONNEC	HONS				1287	4	155	10
29. FULL-TIME RESIDENTIAL POPULATION A. How many residents are served by this system 180 or <i>more</i> da	ys per yea	reserve r?		asarik ilini	31560							
30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												
32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?	3300	3300	3300	3300	3300	3300			3300	3300	3300	3300
B. How many days per month are they present?	20	20	20	20	20	20			20	20	20	20
33. ROUTINE COLIFORM SCHEDULE	JAN 40	FEB 40	MAR 40	APR 40	MAY 40	JUN 40	JUL 30	AUG	SEP 40	OCT 40	NOV 40	DEC 40
35. Reason for Submitting WFI: Update - Change Update - No Change 36. I certify that the information stated on this WF SIGNATURE: PRINT NAME:					my knov		□ New :	System	Othe	er		

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 2 Updated: 11/29/2001

ONE FORM PER SYSTEM

Updated: 11/29/2001 Printed: 08/26/2009 WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 02771 B	2. SYSTEM NAME SPANAWAY ONE		CHE	TTE	S	1911 2012 (6)	15	. cou ER	0.00	Santa Santa				11.1.1	150	4. gro A	UP	5, T Coi		
6. PRIMARY CONTACT NAME & MAILING ADDRESS Chief Ops Officer ROBERT BLACKMAN [MANAGER] PO BOX 44427 TACOMA, WA 9844#8						7. OWNER NAME & MAILING ADDRESS 8. Owner Number 000212 RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448														
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP							STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375													
9. 24 HOUR PRIMARY CONTACT INFORMATION Primary Contact Daytime Phone: (253) 537-6634 Primary Contact Mobile/Cell Phone:						10. OWNER CONTACT INFORMATION Owner Daytime Phone: (253) 537-6634 Owner Mobile/Cell Phone:										**************************************				
Primary Contact Evening Phone: (253) 537-6634 Owner Evening Phone: (253)								· -mail:	Section Co.	e@	ranier	ere respectively	ter.com							
Not a Owne Mana	ANAGEMENT AGENCY - SMA (oplicable (Skip to #12) d and Managed ged Only d Only	SMA NAME:				1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ACTOR STATE	100 100 100 100 100 100 100 100 100 100		222113		SMA Nui	mber.			
☐ Agricultural ☐ Commercial / Bu ☐ Day Care ☐ Food Service/Fo				Hospita Industr Licensa Lodgin Recrea	ial ed Res g	sidentia		lity						ool porar	ry Farm V	Vorker station, e	etc.):			
13. WATER SYST Association City / Town	EM OWNERSHIP (mark only on County Federal	b)		M In □					□s □s	Specia State	ıl Dist	rict			14. STO	RAGE C	500		ns)	
AND Exa	16 SOURCE NAME LITY'S NAME FOR SOURCE WELL TAG ID NUMBER. nple: WELL #1 XYZ456 S PURCHASED OR INTERTIED,	17 INTERTIE INTERTIE SYSTEM ID	/ELL FIELD	OURCE (RINGFIELD	ATER	RANNEY / INF. GALLERY	VENT	DNAL # 65	SOURCE METERED 0 N	MATION	REAT NOILY		- A - A - A - A - A - A - A - A - A - A	DEPTH TO FIRST OPEN GO THE STATE OF THE STAT	CAPACITY (GALLONS EZ PER MINUTE)	ila, 1/4 SECTION S	SECTION NUMBER	10	
Carte Communication	IST SELLER'S NAME Example: SEATTLE	NUMBER J	WELL FIELD WELL IN A W	SPRING	SPRIN	SEA WATER SURFACE W	RANNE	X PERMANENT	SEASONAL	SOUR	NONE	_	FLUOF	X OTHER	140	80	NM NE	_		BE SE
						Ш								L	<u> </u>	<u> </u>	<u> </u>		LI	

1. SYSTEM ID NO. 02771 B	2. SYSTEM NAME SPANAWAY ONE ACRE RAN	NCHET	ΓES			. COUNTY ERCE			16141115 2013-12	4.	group A	179.6	rype mm	
								ACTIVE SE CONNECT	TONS	DOH USI CALCUI	ATED	DOH US APPR		
	RESIDENCES (How many of the following)		o you ha	ve?)	nama Maka	e ili aliana		0		20		2	0	
	Residences (Occupied 180 days or <i>more</i> per year)							20					CHEROLES !	
B. Part Time Single Family F		0												
	RESIDENTIAL BUILDINGS (How man	y of the	following	do you l	nave?)	Haliff Land		Peralling						
	dos, duplexes, barracks, dorms							0						
B. Full Time Residential Unit		0												
	its in the Apartments, Condos, Duplexes, Dorms th							0						
	AL CONNECTIONS (How many of th				Samuel Car	Kananan Kananan		Hussia.		TE STRUCTUS SALES				
	for Transient Accommodations (Campsites, RV si Business, School, Day Care, Industrial Services, 6		otel/overnigh	nt units)				0		0		0		
B. mstitutional, Commercial/	business, school, day care, moustral services, e		TOTAL					0		0		0		
		28,	IUIAL	SERVICE	CONNE	CTIONS				20		2	0	
29. FULL-TIME RES	IDENTIAL POPULATION	Nau .		Tara			Marie		tina			en fin	170	
A. How many residents	are served by this system 180 or more day	ys per yea	r?			50			44	ATTENNA LIANGE				
20 DART THE DEC	PIDENTIAL BODULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	4110	ALC:		NAME OF THE OWNER.	_00	
	SIDENTIAL POPULATION	JAN	LEB	MAR	APK	MAT	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
A. How many part-time	residents are present each month?													
B. How many days per	month are they present?													
31. TEMPORARY &	TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
	ors, attendees, travelers, campers, s have access to the water system													
	month is water accessible to the						AND THE RESERVE OF THE PERSON							
32. REGULAR NON-	RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
WESTERNIE DE LE CONTROL DE	daycares, or businesses connected how many students daycare byees are present each month?		554									Saleuria (Seri		
B. How many days per r	month are they present?													
33. ROUTINE COLI	FORM SCHEDULE	JAN 1	FEB	MAR 1	APR	MAY	JUN 1	JUL":	AUG	SEP	ОСТ 1	NOV 1	DEC	
35. Reason for Submitting WFI: Update - Change Update - No Change Inactivate Re-Activate Name Change New System Other 36. I certify that the information stated on this WFI form is correct to the best of my knowledge.														
_	e miorination stated on this WF	i ioiiii IS	COLLECT	i io iile l	ווט ופטנ עו ו	•	•							
SIGNATURE:						DA	ΓΕ:							
PRINT NAME:		-				TIT	LE:							

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



ONE FORM PER SYSTEM

Jpdated: 08/25/2009 Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Contact Update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 2. SYSTEM NAME 98105 H WOLLOCHET HEIGHTS ESTATES	3. COUNTY 4. GROUP 5. TYPE PIERCE A Comm										
6. PRIMARY CONTACT NAME & MAILING ADDRESS BOB BLACKMAN [MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448										
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375										
9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION										
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634										
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:										
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634										
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com										
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.											
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)											
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)											
Not applicable (Skip to #12)	CMA Number:										
Not applicable (Skip to #12) Owned and Managed SMA NAME:	SMA Number:										
Not applicable (Skip to #12)	SMA Number:										
Not applicable (Skip to #12) Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Agricultural Commercial / Business Day Care Food Service/Food Permit Licensed Re	nic Residential School esidential Facility Temporary Farm Worker Other (church, fire station, etc.):										
Not applicable (Skip to #12) Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Agricultural Commercial / Business Industrial Day Care Food Service/Food Permit Licensed Recreations	nic Residential School esidential Facility Temporary Farm Worker Other (church, fire station, etc.):										
Not applicable (Skip to #12) Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Agricultural Commercial / Business Industrial Day Care Food Service/Food Permit Industrial Common Service/Food Permit Industrial Recreations 13. WATER SYSTEM OWNERSHIP (mark only one)	nic Residential School esidential Facility Temporary Farm Worker Other (church, fire station, etc.): al / RV Park 14. STORAGE CAPACITY (gallons)										
Not applicable (Skip to #12) Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Agricultural Commercial / Business Industrial Day Care Food Service/Food Permit D1,000 or more person event for 2 or more days per year Recreational 13. WATER SYSTEM OWNERSHIP (mark only one) Association County Investor	nic Residential School Esidential Facility Temporary Farm Worker Other (church, fire station, etc.): Al / RV Park Special District Special District										
Not applicable (Skip to #12) Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Agricultural Commercial / Business Day Care Food Service/Food Permit D1,000 or more person event for 2 or more days per year 13. WATER SYSTEM OWNERSHIP (mark only one) Association County Federal Investor	Residential School School Temporary Farm Worker Other (church, fire station, etc.): 14. STORAGE CAPACITY (gallons) Special District State 20,000										
Not applicable (Skip to #12) Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Agricultural Commercial / Business Day Care Food Service/Food Permit D1,000 or more person event for 2 or more days per year Recreations 13. WATER SYSTEM OWNERSHIP (mark only one) Association City / Town Federal Private 15 16 17 18 SOURCE NAME SMA NAME: SMA NAME: SMA NAME: Hospital/Clir	rnic BResidential School Temporary Farm Worker Other (church, fire station, etc.): Al / RV Park Source LOCATION Al / RV Park 14. STORAGE CAPACITY (gallons) 19 2 21 22 23 24 SOURCE LOCATION										
Not applicable (Skip to #12) Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Agricultural Commercial / Business Day Care Food Service/Food Permit Day Oon more person event for 2 or more days per year 13. WATER SYSTEM OWNERSHIP (mark only one) Association City / Town Federal 15 16 17 18 SOURCE NAME LIST UTILITY'S NAME FOR SOURCE AND WELL #1 XYZ456 INTERTIE SYSTEM ONINGER INTERTIE SYSTEM ONINGER ON	Tanner Marer Marer Marer Manner Marer Marer Manner										
Not applicable (Skip to #12) Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Agricultural Commercial / Business Day Care Food Service/Food Permit D1,000 or more person event for 2 or more days per year 13. WATER SYSTEM OWNERSHIP (mark only one) Association City / Town Federal 15 16 17 18 SOURCE NAME CIST UTILITY'S NAME FOR SOURCE AND WELL #1 XYZ456 INTERTIE SOURCE CATE SYSTEM OWNERSHIP (mark only one) LIST SELLER'S NAME Example: WELL #1 XYZ456 INTERTIE SYSTEM ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Park Park Park Park Park Park Park Park										
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Not applicable (Skip to #12) Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Agricultural Commercial / Business Day Care Food Service/Food Permit D1,000 or more person event for 2 or more days per year 13. WATER SYSTEM OWNERSHIP (mark only one) Association City / Town Federal 15 16 17 18 SOURCE NAME CIST UTILITY'S NAME FOR SOURCE AND WELL #1 XYZ456 INTERTIE SOURCE CATE SYSTEM OWNERSHIP (mark only one) LIST SELLER'S NAME Example: WELL #1 XYZ456 INTERTIE SYSTEM ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Park Park Park Park Park Park Park Park										

1. SYSTEM ID NO. 2. SYSTEM NAME WOLLOCHET HEIGHTS EST	TATES			APPROXIMATE GRADOS	COUNTY ERCE	**************************************			4.	GROUP A	1000	TYPE mm	
							ACTIVE SE	STOCKED BY	DOH US CALCU ACTIVE COI	LATED	DOH US APPR		
25. SINGLE FAMILY RESIDENCES (How many of the fol	llowing d	o you ha	ve?)	T CHAP	i i i i i i i i i i i i i i i i i i i	1-75-9-17-5	0		10	and the second	17	75	
A. Full Time Single Family Residences (Occupied 180 days or more per year)							109	137				A SECTION OF THE PERSON OF THE	
B. Part Time Single Family Residences (Occupied less than 180 days per year	ar)						0						
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How mar	ny of the	following	do you l	have?)	History History	elining Haritan	10000	History and					
A. Apartment Buildings, condos, duplexes, barracks, dorms							0						
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms the													
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms t													
27. NON-RESIDENTIAL CONNECTIONS (How many of the						The	las ig _{a s} an						
A. Recreational Services and/or Transient Accommodations (Campsites, RV s		otel/overnigh	nt units)				0		C		0		
B. Institutional, Commercial/Business, School, Day Care, Industrial Services,				2000			0		0		0		
	28.	TOTAL	SERVICE	CONNE	CTIONS		(249) (24)	edition.	10	9	17	'5	
29. FULL-TIME RESIDENTIAL POPULATION A. How many residents are served by this system 180 or <i>more</i> day	ys per yea	r?			273	343			alialings Surfacilia				
30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
A. How many part-time residents are present each month?							002	ACC		901	ar bis	DEG	
B. How many days per month are they present?													
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?													
B. How many days per month is water accessible to the public?													
32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?											5,59931		
B. How many days per month are they present?													
33. ROUTINE COLIFORM SCHEDULE	JAN 1	FEB	MAR 1	APR 1	MAY	JUN 1	JUL 1	AUG	SEP	OCT	NOV	DEC 1	
35. Reason for Submitting WFI:	la a a til v a t				lawa Ch								
☐ Update - Change ☐ Update - No Change ☐	maciival	re	G-ACTIV	are LIV	iaiiie UN	iange [new ;	oystem	⊔ Otne	я			
36. I certify that the information stated on this WF SIGNATURE:					DA	TE:	·						
PRINT NAME:					TIT	LE:			-	Maratan			

DOH 331-011 (Rev. 06/03)